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should state

item of infor

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND	-CERTIFICATE OF DEATH 4164
1. PLACE OF DEATH	119
County Less 7	Registration Dist. No. 202
Village or City Chesterlown	NoSt.,Ward
Z	(If death occurred in a hospital or institution, give its NAME instead of street and number) os
2. FULL NAME Raymond Jaco	de Black
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.	21. DATE OF DEATH (Mynth) (Day) (Yeer)
a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	No Wedge 19 Collection 19
DATE OF BIRTH (month, dey, end year) Nor 1, 193 J	I last saw h alive on, 19; death Is said
. AGE Years Months Days If LESS than	to have occurred on the date stated above; at
3 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Data of onset
8. Trade, profession, or perticular kind of work done, as SPINNER,	DataGrouset
SAWYER, BOOKKEEPER, etc.	Marasmees
9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BÄNK, etc.	Mussmar
10. Date deceased last worked et this occupation (month and spant in this	
year) occupation (month and occupation occupation	Other Centribatory Canses of Importance:
BIRTHPLACE (city or town) Chester Cours	west s
(State or country)	- Tauly nounteur
13. NAME Spencer Jacobs	Wisniting V Week
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME Carmila / Black	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Address)	(Specify city or town, county and State). Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Chesler lower Dato Opeel 1, 193	Neture of Injury.
A HUDGOTAND WALL STICKES	24. Was disease or injury In any way related to occupation of deceesed?
19. UNDERTAKER (Address) Che Sterlown	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
North State of State			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(M)	1
\$	
	DEC
DING	ANTENTA
	~

A te	STATE OF MARYLAND—					
Every item of infor- SIANS should state ement of OCCUPA-	1. PLACE OF DEATH					
) # P &	County 18ust					
should	Village or City County Home					
t Sy ii	Length of residence In	city or town where d	eath occurred	(I		
Every IANS ment	2. FULL NAME	NP D D I				
<u> </u>	(a) Residence: No.					
	DEEDGOVALA	115 0-1-0-	(Usual place			
REC. PE		LOR OR RACE	1			
	male	Col	OR DIVORCED	RIED, WIDOWED, O (write the word)		
NEN' CTL iffed.	5a. If married, widowed, or d HUSBAND of	ivorced	- Alm	igh		
RMANEN X A C T J classified	(or) WIFE of					
EN EN 41	6. DATE OF BIRTH (month,	day, end yeer) 2	ely 14	1862		
A P ed perly ificat	7. AGE Years	Months	Deys	If LESS than		
FOR B IS A PE stated E properly certificate	74	8	22	1 day,hrs.		
	8. Trede, profession, or kind of work dor SAWYER, BDDK	particular ne, as SPINNER,	1.	1.1		
T	A Industry or business	s in which	- Man	znamy		
	OT SAN MILL, DAN		1 =			
会 日 B 年 。	this occupation (year)	month end 1022	11. Total ti	me (yeers) It in this pation		
		10	0 10	· Sa		
ADIN d. d.	12. BIRTHPLACE (city or tow (Stete or country)	111)	manyla	nd		
MAKGL. WITH UNFAI efully supplied. in plain terms, ant. See instru	13. NAME	unh	men	/		
M.A. H. U. Suphin te	13. NAME 14. BIRTHPLACE (city of		nknow	3		
ITTH Illy plai	(State of country		/			
	15. MAIDEN NAME 16. BIRTHPLACE (city of	2	chymn	•		
AINLY, WI ld be carefu DEATH in p	2 16. BIRTHPLACE (city of (State or country		mann	·		
AILY. I be DEAT	17. INFORMANT VA 73	Sutton	~	11		
E PLAINLY, should be car OF DEATH	(Address) Mes	Sminty	Home,	Okelerlan		
18. BURIAL, CREMATION, OR REMOVAL						
-WRITE mation sh CAUSE (TION is	Place Marysu		Date spel.	23,1936		
1 201	19. UNDERTAKER // A	my by h	Muan	ys		
B G	ali. 122	Muelala	'not	2/101		
z	20. FILED WOUL P	, 19.82	11.1.	- Maria		

RYLAND-	CERTIFICATE OF DEATH	
	82-a Fegistration Dist. No. 202	
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?wrsmosds.	
Corh	If U. S. Veteran, specify WAR	_
e of abode)	St., Ward. If nonresident give city or town and State	
CULARS	MEDICAL CERTIFICATE OF DEATH	
RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH April 21, 193 (Year) (Day) (Year)	
1862 If LESS than	I HEREBY CERTIFY. That I attended deceased from 1935, to to Africa 21, 1936 I last saw have alive on Africa 20, 1936; death is said to have occurred on the date stated above, at 11, m.	
1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset	
-2./www.q.	Faraly Lis	
time (yeers) ent in this cupation wh	Other Contributory Causes of importance:	
v~	Name of operation Date of	
okeeledow	23. If death was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?	-
. 23, 1936	Manner of injuryNature of injury	_
Registrar.	24. Was disease or injury in any way related to occupation of decease? If so, specify (Signed) (Address) (Address) (Address) (Address)	-).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	7.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\
HIS IS A PE	be stated E	be properly	of certificate.
PLAINLY, WITH UNFADING INK-TI	ould be carefully supplied. AGE should	F DEATH in plain terms, so that it may	// TION is very important. See instructions on back of certificate.
BWRITE	mation sh	CAUSE	V TION is v

STATE	OF	MARYLAND-CERTIFICATE OF DEATH	1 4166

1. PLACE OF DEATH	93°C X	
County Seell / Court	Registration Dist. No.	
Village or City Near Mosany Ma	'NoSt.,	Ward
Length of residence in city or town where death occurred defections	If death occurred in a hospital or institution, give its NAME instead of street andds. How long In U.S. if of foreign birth?yrsm	
8 . 9 .	10	03
2. FULL NAME Samuel Junes (United If U. S. Veteran, specify WAR Ad	
(a) Residence: No. (Usual place of abode)	St., Ward.	C
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
	21. DATE OF DEATH	
OR DIVORCED (amount the second	a. DATE OF DEATH	1026
Male White	(Month) (Day)	(Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended	despect from
(or) WIFE of Our Concess.	Mr. 10 1935 to april 13-	1954
more 12 1821	2	_; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1230 Som	-, death is said
1 day,hrs		
04 1 0 . 1 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	al a	10.0
kind of work dona, as SPINNER, January SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL.	Cho. Myseardatas	1930
work was dona, as SILK MILL, SAW MILL, BANK, etc.	aust Shitalum	- 4/17/00
Tatal Sime (u.C.)		
this occupation (month end 4/17/36 spant in his occupation)		
18.76	Dthar Contributory Causes of Importanca:	
12. BIRTHPLACE (city or town) (Stata or country)	•	
The state of the s		
I 13. NAME Thomas dien		
14. BIRTHPLACE (city or town). Iteland	Name of operation Data of	
(Stata or country)	What tast confirmed diagnosis? Was there an	autopsy?
16. BIRTHPLACE (city or town) Dulwigh	23. If death was dua to external causes (VIOLENCE) fill in also the followin	g:
5 16. BIRTHPLACE (city or town) . Lulevil.	Accident, suicida, or homicide? Date of injury	, 19
∑ (Stata or country)	Whare did injury occur?	
17. INFORMANT Mes area decen.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	.ACE.
(Address) Massey. Ma		
18. BURIAL, CREMATION, OR REMOVAL Marchand:	Manner of injury	
Place Lacut uptation Bate Pine 30, 1936	Nature of injury	
10 HADERTAKER John a. John to	24. Was disease or injury in any way related to occupation of deceased?	to
19. UNDERTAKER (Addrass) (Addrass) (Addrass)	If so, spacify an - Populing	
1.116 21 0 1	(Signed) Munt Buc	MD
20, FILED 4/(8 , 19) (W MIN Registrar.	(Address) Mullington	Cua
	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes pate of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 6 1020	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V S	July 5, 1927	Peritonitis	3 days ago
Broad-		1		
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—W

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4165
1. PLACE OF DEATH	92:20
County Kent	Registration Dist. No. 203
Village or City Piny ruch P.O. Rock Hall	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?
2. FULL NAME James Enous Edwards	
(a) Residence: No. Piny neck	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Will A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of Jarah Edwards (or) WIFE of	22. I HEREBY CERTIFY, That ! attended deceased from July 4 ,1935, to affine 18 ,1936
6. DATE OF BIRTH (month, day, and year) Felv 29 1852	Hast saw h. iss alive on Grandle 21 , 19 36; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 4 A.m.
84 / 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8 Trade, profession, or perticular kind of work dona, as SPINNER,	Endocardili Chrore,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date daceased last worked at this occupation (month and	nzoturelitis durora
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Decoupeusation
10. Date deceased last worked at this occupation (month and 1910 spent in this occupation occupation)	
12. BIRTHPLACE (city or town) Kesst Cv.	Other Contributory Causes of importance:
(State or country)	arterio selizorio
13. NAME John Edwards 14. BIRTHPLACE (city or town) Let Known	
14. BIRTHPLACE (city or town) Ast Kuswa (State or country)	Name of operation Data of
	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Heary Slever 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Lou V. Edwards (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Wester Chapel Date Opin 21, 19 2 6	Mannar of Injury
19. UNDERTAKER MM. H. Ford (Address) Church Hill Md.	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED 4/20, 1986 Mar. T. B. 2 purchase	(Signed) allest 4: Bongaid M.D. (Address) Roll Hill Zul
Y6 11 1 11 6 P 1	N. O. J. C. D. J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example IV	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4188
1. PLACE OF DEATH	(RE) 6 0
County Kent	Registration Dist. No. 202
Village Dr City Chestertown	No. Next v. U. Jugan Cerui, Yru Horp. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SAMUEL W. Elburn	144-
(a) Residence: No. Chestertown - R.F.D. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIYORCED (write the word) White	21. DATE OF DEATH Opril 30 (Year)
in If merried, widowed, or divorced HUSBAND of (or) WIFE of Mary Line Frank	22. I HEREBY CERTIFY. That I eltended deceased from April 22, 1936, to April 30, 1936
B. DATE OF BIRTH (month, day, and yeer) Nov. 3. (3) 1859(2)	Hart cam hi as alive on a And 30 10 36 4 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 3 4 Am.
77 3 5 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Trade profession or particular	Intertion of Lineer 4-18-36
sawyer, BDDKKEEPER, etc Tisher CRN.	Lymph oderatis 4-19-30
Industry or business in which work was done, es SILK MILL,	Septicemia 4-12-30
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 11. Totel time (years) spent in this occupation.	Brancho presnovia (termina) 4-28-3
12. BIRTHPLACE (city or town) Piney Needs (State or country)	Other Contributory Canses of importance:
13. NAME JACK Elburn	
13. NAME JACK ELburn 14. BIRTHPLACE (city or town)	Name of operation. None. Dete of
(Slate or country) MAryland	What test confirmed diagnosis?
15. MAIDEN NAME MARY ELburn? 16. BIRTHPLACE (city or lown) (Stete or country) MARY PAN & 17. INFORMANT Hospital Vecords (Address) Chester town Md	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chefel Con Date 5/3, 1936	Manner of injury Finned by A fish Nature of injury Punuture wound of finger
19. UNDERTAKER Relph H. Hailton (Address)	24. Was disease or injury in any way related to occupation of deceased? Not offer If so, specify then as Stated above
20. FILED May 2 , 19 3 4 W.J. Diets	(Signed) Clouds M.D. (Address) Chaol intown (eld)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of o	nset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2 1936	191	5	Attack of cpilepsy	1 week ago
Chromic enterstation heppingtes	192	1	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1	1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	May 1,	1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4169
1. PLACE OF DEATH	
County Stent	Registration Dist. No. 204
Village or City Meletota	No. St. Ward
(if Length of residence in city or town where deeth occurredwyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Univaried of (Pal	h l of a = a
	The rest of the second of the
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (awrite the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. if married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Chril, 23/936	1 1 1 1 1 1 1 1 1 1
7. AGE Yaars Months Days if LESS than	to have occurred on the date stated above, atm.
6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER,	Data of onset
9. Industry or business In which	4-9-1
work wes dona. as SILK MILL, SAW MILL, BANK, atc	Sull spring
1D. Date daceased iast worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Melitota	Other Contributory Causes of importance:
(State or country) Rest Co ned	Cute harten for the
13. NAME Ralph Freman.	The same of the sa
14. BIRTHPLACE (city or town) Sunt Co. Jud	Neme' of aperation Dete of
(State or country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Sophia Traves	23. If death was due to externel causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Skent to ma	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Caffel Oreman (Address) loka stertown	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Melitola Date lipe 23, 1936	Nature of injury
19. UNDERTAKER Calph otreman (Address) lollestertown ma	24. Was disease or injury in any way ralated to occupation of daceasad?
20. FILED apt 2319 36 F. W Swith	(Signad) etrang for Smith M.D. (Addrass) Chestistown Md
If more blanks are needed, address State Resistration	2011 N. Charles Street Belgimara, Passanting 91 C. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	-11	Example II	
The principal cause of importance were a	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	846V K 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	Appearance of the second of th			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 wcek ago	
July 5,1927	Perilonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 4171
1. PLACE OF DEATH	(83) X
County Sterry	Registration Dist. No. 204
Village or City Jolehester	NoSt.,Ward
4 4/1	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Orland Parker	
7-4114	If U.S. Yeteran specify WAR.
(a) Residence (No. May Jolana (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH
5a. If married, widowed of divorces HUSBAND of (or) WIFE of Cothel Ford	22 I HEREBY CERTIFY. That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 11, 1884	I last saw h elive on, 19; death is said
7. AGE Years Month Days If LESS than I dey,hrs. ormin.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Drowned of solved all well
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Talaliatis !
10. Date decessed last worked et this occupation (month and spant in this occupation example)	As welled off of wharf.
12. BIRTHPLACE (city or town) With Carolina (State or country)	Other Contributory Causes of Importence:
13. NAME Peles Parles. 14. BIRTHPLACE (city or town) Pollas occupies (State or country)	ond
Y 14. BIRTHPLACE (city or town) 15. Color (Stete or country)	Neme of operation
15. MAIDEN NAME Gesta Brown	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Soldsborough	Accident, suicide, or homicide deceded Date of Injury
17. INFORMANT Attack Parks. (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIOL PREMATION, OR REMOVAL STREET Date april 18, 19 36	Manner of injury
19. UNDERTAKER Charles The Contract of Address Charles to form and formally	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED USA 16, 1936 J. St. Stille. Registrar.	(Signed to Sure Company) (Address) Challands was a sure of the company of the com
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TOPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.-The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V, S.			
Other contributory causes of importance:		Other contributory causes of importance:	The state of
Gallstones	May 1,1923	Gastroenteritis	1 year
		4,2 × 3 × 3 × 3 × 4 × 5	

ADDITIONAL SPACE FO	FURTHER STATEMEN	TS BY	PHYSICIAN
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state

1. PLACE OF DEATH	
County	Registration Dist. No. 20 2
Village or City Frear Clesterton	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
FUNDU	Lbds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Viant	If U.S. Veteran specify WAR.
(a) Residence: No. New Classification (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OR RACE 5. MARRIED, MARRIED,	21. DATE OF DEATH
M. (write the word)	(NyAith) (Dby) (Year)
5a. If married, HUSBAND of	22. i H.E.R.E.B.Y CERTIFY That Lattended deceased from
Cenne Robertson Plumpur	no Wedness allulion 19
6. DATE OF BIRTH (month, day, and year) Sept./3,/865	I last saw h; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.30 1 m.
70 7 /6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, p ofession, or particular kind of work done, as SPINNER,	Dete of onset
SAWYER, BOOKKEEPER, etc.	To hrow Endocardelo 1935
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month end spant in this year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	There deed below the our
13. NAME Edward Plummer	regest in Freed.
14. BIRTHPLACE (city or town) Kent 6.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external courses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide legged Date of mjury 19. 19. 36
State or coun'ry)	Where did injury occur? W Challet With (Specify city or town, county and State)
17. INFORMANT Mrs. J. Raymond Holen	Speary whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	car upgar.
Place J. U. P. C. Church Date 5/2, 1936	Manner of injury Aug Leeukan & Bessey from
DONNO.M-	Nature of injury grass the stronger of Res
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
an 10 1 md 2/1)	(Signe Chaules multi brown
20. FILED May 2, 19 36 N.J. Skette	(Aldress) Chief Lado, M.
ALEGISTIAT.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chronic interestical mechanics 2 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	45.00	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4.	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important. N. B.—WRITE PLAIN

Exact statement of OCCUPA-

	SIAIL	OF MAR	YLAND-	CERTIFICATE OF DEATH 4	174
1. PLACE OF	DEATH	1		3 20	1 1 7
County	Kei	A.		Registration Dist. No. 20	12
Village or City	Chester	town	nad	ND. / Ceut 4 Up Sev 2 a st. to death occurred in a horpital or institution, five it NAME instead of street and it	Rel Ward
Length of reside	nce In city or town where o	deeth occurred		ds. How long In U.S. if of foreign birth?yrsme	
2. FULL NAM	E Bale	y Kei	hl	If U.S. Veteran specify WAR	
(a) Residence	: No			St., Ward,	
		(Usual place		If nooresident give city or town and	State
	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 193 6
5a. If married, widowed HUSBAND of	, or divorced	1 , , ,	1	(Month) (Day) 22. I HEREBY CERTIFY, Thet I attended	(Yaar)
(or) WIFE of					10
6. DATE OF BIRTH (m	onth day and year)			1 lest sew h alive on19	· death le eald
7. AGE Years	Months	Days	If LESS then	to have occurred on the date stated above, at	, ocetii is said
		0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trede, professi	on, or perticular		1 01-15-11111.	were as follows:	Data of ansat
kind of wor	k done, as SPINNER, DOKKEEPER, etc.			XIIIVom	
9. Industry or bu	siness in which one, as SILK MILL,				
1 On miles,	BANK, etc	1			
10. Dete deceesed this occupativear)	tion (month and	spe	ime (years) nt in this upation		
year)	Chert	9	u pation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city of Stete or country)		y cow	~		
	. d Port	0	•		
13. NAME 7	ea. Jun	e 1100			
14. BIRTHPLACE (c)		R Half		Name of operation Date of	
œ	111 -0 -	ma		What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME	(ach the	e de	- The same of the	23. If death was due to external causes (VIOL ENCE) fill in also the following	:
16. BIRTHPLACE (C		R Hall.	ma.	Accident, suicide, or homicide? Data of Injury	, 19
Stete or co	ounty)	.00	,	Where did Injury occur? (Specify city or town, county and State	e)
17. INFDRMANT	Rock 5	tall o	me	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATIO	11 01 1	Date apre	l 11,1936	Manner of Injury	
19. UNDERTAKER	Fredy Reg	ihl	d.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED april	11,1936	W.T.	Heely	(Signed) Meland Jover	jM. D.
	10		Registrar.	(Ardress) Musicifour, Mo	A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Example I			Example II		
The principal cause of importance were as	of death and related causes stellows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	IRECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	htitis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 2 1936	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—W

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4175
1. PLACE OF DEATH	(175)
County legat	Registration Dist. No. 203
Village or Chewell Hall	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	a Da
2. FULL NAME / Cachael / Coche	V
(a) Residence: No. Yellow (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)	21. DATE OF DEATH CARREL 614, 193 6 (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Ruchester	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) May . 28/894	I last sawn W sind of dical allulage ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
42 6 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Nada, profession, or particular kind of work dona as SPINNER.	Tracheres of tolk lego Date of one
SAWYER BUILD REFERENCE	By arm and pleased
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	fractice of describe
10 Date deceased last worked at this occupation (month and 1936 spent in this occupation was year)	
	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or couptry)	Nit kan autamustole
13. NAME Jamus O Hopkins	
14. BIRTHPLACE (city or town)	Name of operation . Date of .
(State or country) Leut Co. mal	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Carotine Thompson	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicides and Date of injury left 19 36
(State or country) Last Cor And	Where did injury occur? Actually Sublic Kard (Specify city or town, county and State)
17. INFORMANT Standy Rochester (Address) Suck Hall mid.	Specify whether injury occurred in INBUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, DR REMOVAL	Manner of Injury . A.D
Place Marghan Date Jan 193 (Nature of injury. A. 2. A.
19. UNDERTAKER That set the first and	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 4/8 , 19.3 6 Mrs. 7.13. Danding	(Signed) Track What have M. D. (Address) Weshirland & Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 2 1990	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	7.00	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	REALL V.	July 5, 1927	Peritonitis	3 days ago	
	A service of the serv				
Other contributory causes of impo	ortance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. Y, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PL.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Kut	Registration Dist. No. 223
Village or City Rock Hall	No. St Ward
, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	/s/ds. How long in U.S. if of foralgn blrth?yrsds.
2. FULL NAME Staffhau St. Salle	feet Veteran epecify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR_OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	april 22 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Harriett R. allew	22. I HEREBY CERTIFY, That I attended decessed from
Que most 18.11	Hast saw h. Walive of the leave altraliane death le seld
6. DATE OF BIRTH (month, day, and year) YAW. 144 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
01 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, p ofession, or particular	were es follows:
kind of work done, as SPINNER, Kelinel	
9. Industry or business in which	Chrone heperites out 1924
SAW MILL, BANK, etc.	Grantities.
Date deceased last worked et this occupation (month end /4 2 2	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) / Maryland	age.
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
A 14, BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an europsy?
15. MAIDEN NAME Cramina Beck 16. BIRTHPLACE (city or town) Kent Co. (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) Court Sex	Accident, suicide, or homicide?
(State or coun'ry)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MANY Trace Seatt	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wesley Chapel Germain 4/26,1936.	Natura of injury
19. UNDERTAKER Ralph H. Clailton	24. Wes disease or injury in any way related to occupation of decessed?
(Address) Chesterton md.	If so, specify
20. FILED Yen 23 1986 MM 7. B Durding Registrar	(Signey) fraut It. built through. D.
	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 2 1936	July 5, 1927	Peritonitis	3 days ago	
BIREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	the state of the state of sometimes of
MARGIN RES	-WRITE PLAINLY, WITH UNFADING IN	mation should be carefully supplied. AGE	CAUSE OF DEATH in plain terms, so that it	The state of the s

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4177
1. PLACE OF DEATH	<u> </u>
County / Lint	Registration Dist. No. 200
Village or City Mullington (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Infant) Smile	If U. S. Veteran, specify WAR
	7
(a) Residence: No. Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. W. OR DIVORCED (write the word)	Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
E DATE OF BIPTH (month day and year) amil 5, 1936	april 5 , 1926, 10 light 5 , 1926
DATE OF BIRTH (mornin, day, and year)	i last saw harman alive on Alas Santa 1924 ; death is said
AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the dete stated above, et 1.7. A.m.
thetom or or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Shitt born 6 had 1 4/3/30
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
10. Date deceased last worked et this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town) buelunglin	Other Contributary Causes of Importance:
(State or country)	
13. NAME Ges. Sunth	
14. BIRTHPLACE (city or town) Lel.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Planche Elliott	23. If death was due to externel ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Ger. Smille (Address) Included king	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manage of Indiana
Place av Some, Date 4/6 ,19)6	Manner of injury
Fit I go Postle	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER TALKING JEST THELLY (Address)	If so, specify
1. M. Men's	(Signed) Marsalt Bar M. D.
20. FILED 4 6 Registrar.	(Address) bullicalor lear

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Perilonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M	A PERMANENT RE. D. Every item of infor-	ated EXACTLY. PHYSICIANS should state	UPA-
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	RE	Р.	Exac
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G	E	Ξ	ied
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OR BINDING	PE		ly
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 4	170
1. PLACE OF DEATH	1070 20	4
County Kent	Registration Dist. No.	2,
Village or City & kestulason	No. Tent and I dentos	6 Ward
(If Length of residence in city or town where death occurred 50 yrs, mos.	death occurred in a hospital or institution, give its NAME instead of street and 16	
2 0	:+/	012022
2. FULL NAME / Sell Mornes Su		
(a) Residence: No. The State (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193_ C (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William 7. Swith	22. I HEREBY CERTIFY, That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year) February 26. 1861	I last/saw h alive on afail 16 , 19 34	; death is sal
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
8. Trade, piofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Bronds Enumonia	april
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	of bothy lungo:	/
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town) Kent & (State or country)	Other Contributory Causes of importance:	
13. NAME Since Thomas		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) Delawase	What test confirmed diagnosis? Was there an au	utopsy?
15. MAIDEN NAME feather Kerrey. 16. BIRTHPLACE (city or town) (State or country) Wildianse	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
17. INFORMANT Elizabeth Thomas (Address) Calestertain	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	t) ACE.
18. BURIAL, CREMATION, DR REMOVAL Place Thomas Capal Date 4/18, 1936	Manner of injury	
19. UNDERTAKER Relph Wasilton (Addiess)	24. Was disease or injury in any way related to occupation of deceased?	
0. FILED Cipal 15 -, 1936 W & Sticky Registrar.	(Signed) Frank II. Smith (Address) Chustulown m	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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I	Example I	Part L	711 1	Example II	
The principal cause of desof importance were as follows:	ath and related lows:	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 2	1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		m # 69	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. 3	July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

DDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Evample I

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Address)

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4180
1. PLACE OF DEATH	- GHA
County /First.	Registration Dist. No. 202
Village or City Chululoum	M-
(If	NOSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Charles Henry Jun	If U. S. Veteran, specify WAR
(a) Residence: No. 306 Carmon	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Col Married	(Month) (Oay) (Year)
5a. If marriad, widowad, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended decaased from
(or) WIFE of Suturda Jums	1934 to CERTIFY, Institutional decassed from
A DATE OF BIPTH (month day and man) 1879	I last sew h in eliva on ahr. KO 1936: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months, Deye If LESS than	to have occurred on the date stated above, at 10 00 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and cetated causes of importance
Trade profession or particular	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	augus processing
9 Industry or business in which	Tirth Museandial
work was done, as StLK MILL, rutulyin factory	
10. Date daceasad last worked at this occupation (month and spent in this	Maliera Line
year) Man 1436 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) . Broad July	5.13.1 U-1.17 U-
(State or country) Kunt. Cv. md.	
13. NAME Unferman	-
13. NAME Anternal 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What tast confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Marilla Jumes	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, sulcida, or homicide?Oate of injury19
▼ (Stete or country)	Whare did injury occur?
17. INFORMANT Sala Many Bratcher Mid.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Pieca Christian Ceng. Oate 4/25 1936	Natura of injury
19. UNDERTAKER Manin 1. Williams	24. Was disease or injury in any way related to occupation of deceased?

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Registrar.

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Example I		Example II	200
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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-WKILE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4181
1. PLACE OF DEATH	(g) ×
County Kenst	Registration Dist. No. 20 2
Village or City & tlertown	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Attillor Sammeroc	elle) Walher X
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Sul me Spril 77 1936
5a. If marriad, wildowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I ettanded daceased from
01 1 4 = 1401	1926, 10 14 147, 1936
6. DATE OF BIRTH (month, day, end year) Street 27, 1936	I last saw h. 1927; daath is said
7. AGE Years Months Days If LESS than I dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAVSE OF DEATH and related dayses of importance
ormin.	were as follows
8. Trade, profassion, or particular kind of work done, as SPINNER,	4/29,36
SAWYER, BOOKKEEPER, atc	Lugicus, 1-
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	
11. Total time (years) this occupation (month and spent in this	
year) occupation occupation	Dthar Cautributary Causes of importance:
12. BIRTHPLACE (city or town) Buller thory / tent	my ative
(Stata or country) bounding Ald	
13. NAME Lower Summerville	
14. BIRTHPLACE (city of town) Storten, Voint	Name of operation
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Denne Jake	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Collection Rust	Accident, suicida, or homicide? Date of injury, 19
(State or country) Country	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Alguane Hacker (Addrass) Forton Ad	Spacify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleca / Duttlewww Date april 4,1936	Neture of injury
19. UNDERTAKER Leon Hynson	24. Was disease or injury in any way felated to occupation of deceased?
(Addrass) Worlow mdf R. R#1 Box 3	If so, specify
20. FILEDO Sril I7 19 36 W.J. Keek	(Signed) My Mill Miching M. D.
Registrar.	(Addrass) La Hesterlinon, RA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

S Date of onset		
EPI	The principal cause of death and related causes of importance were as follows:	
11		1 week ago
1921	Run over by street car	1 week ago
Jul 5,1927	Peritonitis	3 days ago
S. II		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Perilonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Chronic interstitial n	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 6 1880	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF	SIAIL	JF MARY	LAND-	CERTIFICATE OF DE
	Kent			(131)
oounty	ty milling	2m	(If	No Registration Registration No Registration No Registration No Registration No Registration Registration No Registration Registration No Registration Registration No Registration Regist
Length of resid	dence in city or town where	deeth occurred 5	yrs mos	
(a) Residence	ce: No	(Usual place of	() () abode)	St., Ward.
	AL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICA
J. SEX French	4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH Cypil
5a. If married, widowe HUSBAND of (or) WIFE of	ed, or divorced	ge Thom	as young	22. I HEREBY CERTI
6. DATE OF BIRTH (month, day, and year)	une 11, 18	14 N	I last saw her alive on afrais
7. AGE Year	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
kind of w SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	Demestre	•	Artmachisin
Work was SAW MIL	ousiness in which done, as SILK MILL, L, BANK, etc			Chy Ysstorblach
10. Date decease this occupyear)	ad last worked at pation (month and 3 5	11. Total tim spent occupa	In this control	Other Contributory Causes of importance:
12. BIRTHPLACE (cit (State or coun		strage	t_•	
13. NAME <	The When	elton		
13. NAME 14. BIRTHPLACE (State or		newtengu	۷:	Neme of operation
15. MAIOEN NAME 16. BIRTHPLACE	(city or town) Chu	th -	-	23. If deeth wes due to external causes (VIOL ENCI
(State or 17. INFORMANT (Address)	m. R. g. T	oylar.	·	Where did Injury occur?
18. Place New	OR REMOVAL	· Oate april	6,,1936	Manner of injury
19. UNOERTAKER (Address)	John G. To	lin + Su m. md.	<u>~ : </u>	24. Was disease or injury in any way related to oc
20. FILED 4/6.	,1926	M. Bre	Registrar.	(Signed) Mary (Address) May

on Dist. No. 277 ME instead of street and number) yrs. _____ds. ent give city or town and State TE OF DEATH FY, That I attended deceased from april 6 - 1936 4 19 4 ... death Is said 1.10 A.m. auses of importence Cate of onset ---- Date of ----- Was there an autopsy?____) fill In elso the following: __ Date of Injury_______19_____

or town, county and State)
HOME, or in PUBLIC PLACE.

cupation of deceased?

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL SPA	CE FO	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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